

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		1		
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1		1			
10	1		1			
11						
12		2				
13		2				
14		2				
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50						
TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						